

ANTICIPATED INCOME VERIFICATION

APPLICANT/RESIDENT: _____ DATE: _____ APT. #: _____

SOCIAL SECURITY #: _____ DEVELOPMENT NAME: _____

The individual named directly above is an applicant/tenant of the Federal Housing Tax Credit Program, Federal regulations require that we must verify income in order that the anticipated gross income for the next twelve months may be calculated. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely, _____
Project Owner/Management Agent

RETURN THIS FORM TO:

I, the undersigned, state that in the next 12 months, I anticipate receiving \$ _____ per week
month year
(*Circle One*), in the form of _____ (i.e. employment, self-employment,
tips, non-court ordered child support, social security, worker's compensation, unemployment,
etc.). This amount is based on previous earnings, my current situation, or a previous agreement.

This anticipated income will be earned through or received from: _____
(Name of business or person)

(Street Address)

(City, State, Zip)

(Telephone Number)

I understand that attempts will be made to verify this information through the above named source and I certify that the information that I have given on the Anticipated Income Verification is accurate. I understand that supplying false information or withholding information is fraud and is punishable under Federal Regulations. **I also understand that such falsifying or withholding of information may constitute grounds for immediate eviction.**

Signature Applicant/Resident

Date